

Filing Fee \$20.00

LIMITED PARTNERSHIP

STATE OF MAINE

**APPLICATION FOR THE USE OF AN
INDISTINGUISHABLE NAME**

Deputy Secretary of State

A True Copy When Attested By Signature

Deputy Secretary of State

(Name of Limited Partnership Allowing Indistinguishable Name)

Pursuant to [31 MRSA §403-A.5](#), the undersigned limited partnership executes and delivers the following Application for the Use of an Indistinguishable Name:

FIRST: The above-named limited partnership hereby consents to the use of the following indistinguishable name:

to _____
(requestor of indistinguishable name)

SECOND: The entity in possession of the name undertakes to change its name to a name that is distinguishable on the records of the Secretary of State from the name of the applicant.

THIRD: The entity in possession of the name must change its name to:*

_____.

DATED _____

*By _____
(signature of a general partner)

(type or print name and capacity)

*This application must be accompanied by the applicable form to change its name as provided in Item Third.

*Certificate **MUST** be signed by:

(1) at least one **general partner OR**

(2) any duly **authorized** person

The execution of this certificate constitutes an oath or affirmation under the penalties of false swearing under [17-A MRSA §453](#).

Please remit your payment made payable to the Maine Secretary of State.

**SUBMIT COMPLETED FORMS TO: CORPORATE EXAMINING SECTION, SECRETARY OF STATE,
101 STATE HOUSE STATION, AUGUSTA, ME 04333-0101**